

### Why did we do this?

Hospital burden: 30-day readmission rate  
 Chronic wounds pose a significant burden on patients and healthcare systems. **30 day readmission rates for DFU patients range from 22-27%** compared to average 8.5%-13.5% for all hospitalized patients.

Quality of life:  
 Patients have to accommodate wound healing and medical appointments. Mean healing time of:  
 - DFU is 113 days, almost 4 months.  
 - Venous ulcers 3 to 12 months  
 - Ischemic/Arterial Wounds 4.5 to 5 months

Problem: Access to dietitian  
 Nutrition and glycemic control are well-established factors that delay wound healing, increases complications, and reduces quality of life. **Access to dietitian support** in outpatient wound care settings remains inconsistent.

A 2024 study surveying wound providers regarding their inclusion of nutrition education and 72% reported referring to a dietitian only once a year or never. 25% reported not ever conducting a nutrition assessment and citing time as a constraint.

### What did this accomplish?

**Solved the following problems:**

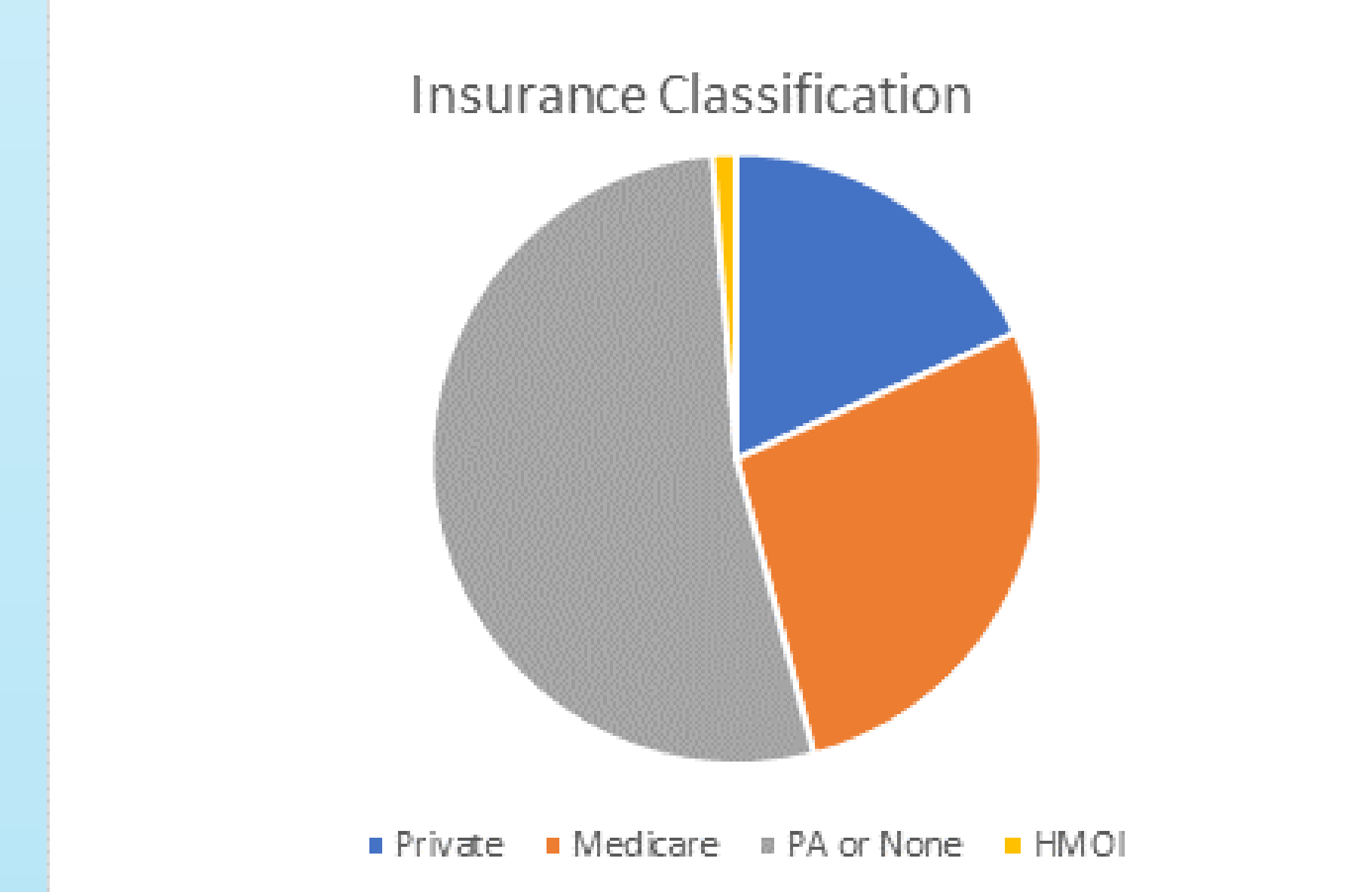
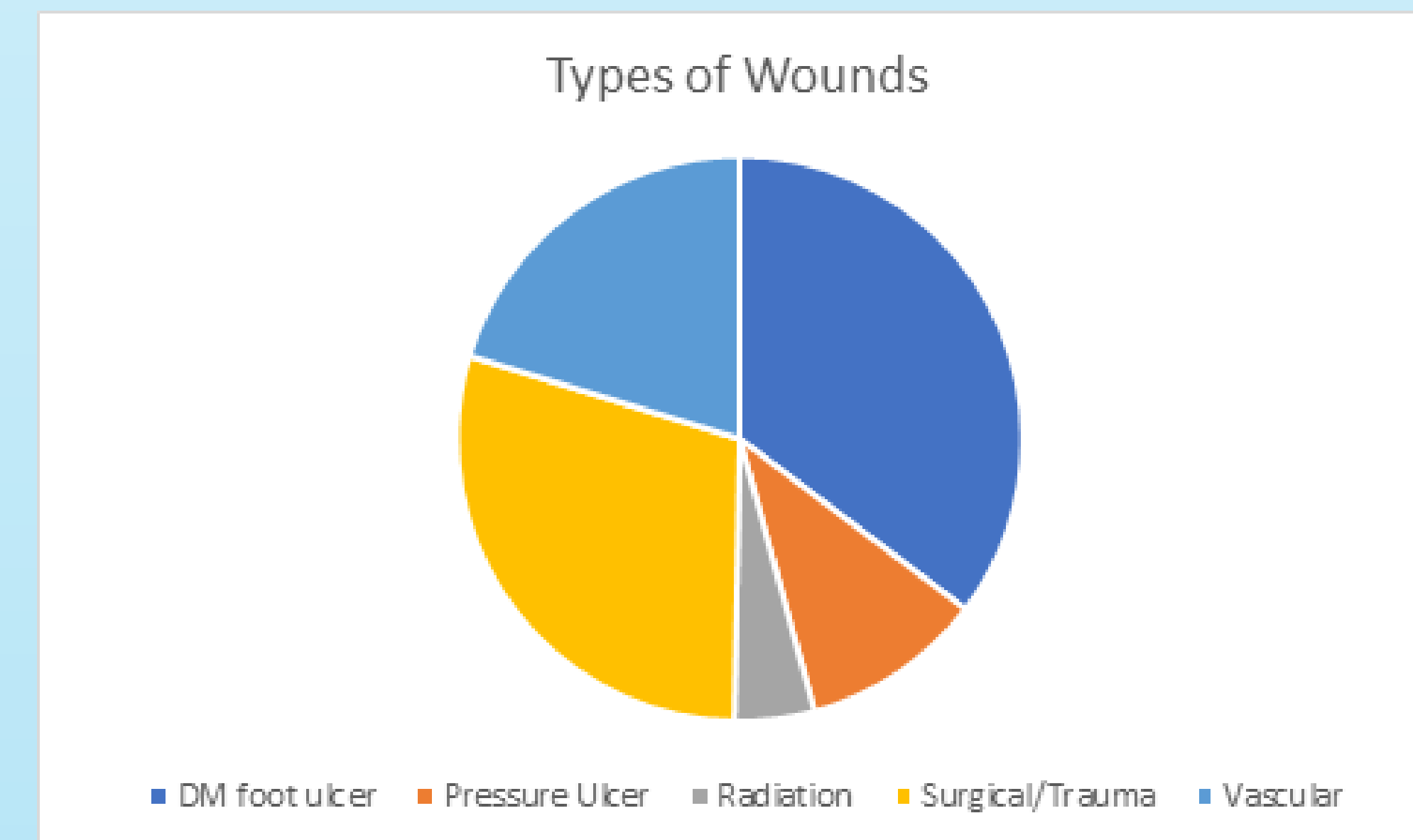
- RNs did not have **time or knowledge** base to educate beyond a surface level of nutrition advice
- Access to an RD - **Referrals** to a dietitian was **not favorable** with patients as they did not want to book additional appointments and have to find additional transportation or take additional time off work.

In response, the Wound Clinic implemented a **practice innovation initiative** integrating a **wound care certified registered dietitian (RD)** as a routine member of the interdisciplinary care team housed within the wound care center.

This enabled the team to improve overall healing rates by proactively identifying malnutrition and nutrition-related risk factors and personalize nutritional interventions while eliminating the need for a separate appointment.

### Patient demographics

Information below represents the roughly 150 patients the RD followed, which includes a **variety of wounds** and a majority population of patients with **public-aid or no insurance**. Typically, this demographic is associated with SDOH factors that negatively affect wound healing.



#### Tools used by RD:

Nutrition education focused on:

- optimizing protein intake
- addressing micronutrient deficiencies
- supporting glycemic control

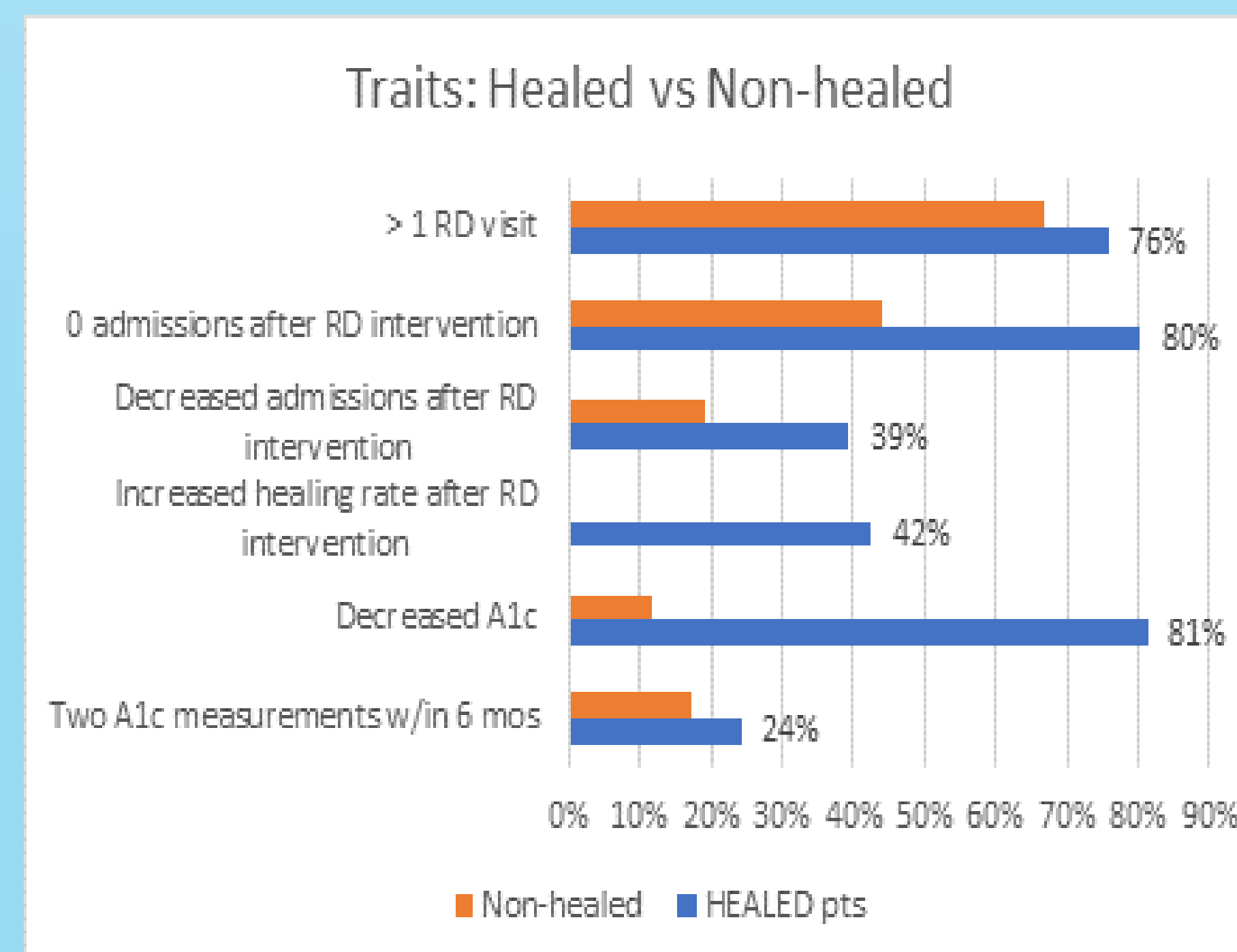
Blood management education:

- Continuous glucose monitoring via FreeStyle Libre3 Plus and Dexcom G7

Frequent follow-up:

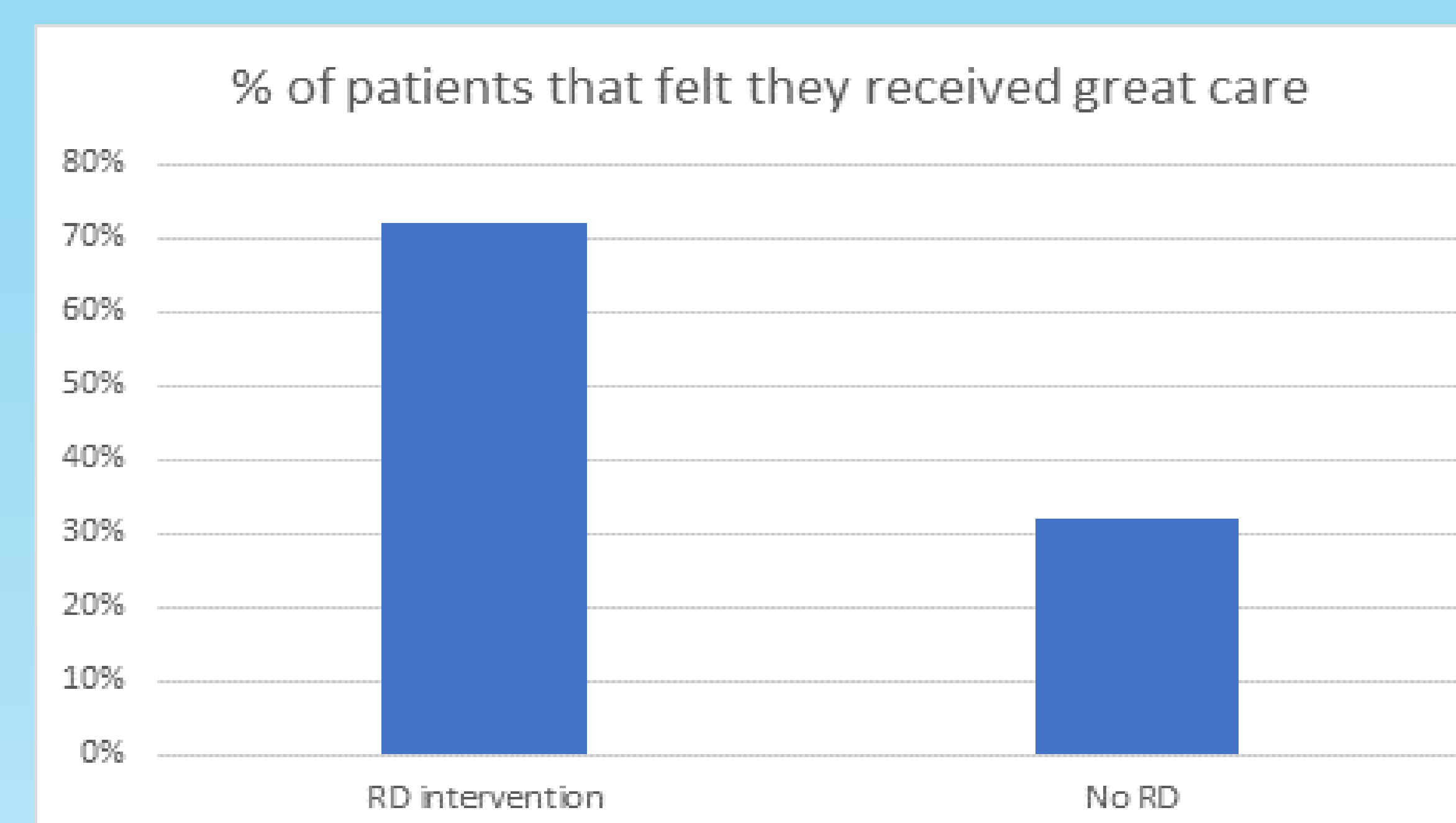
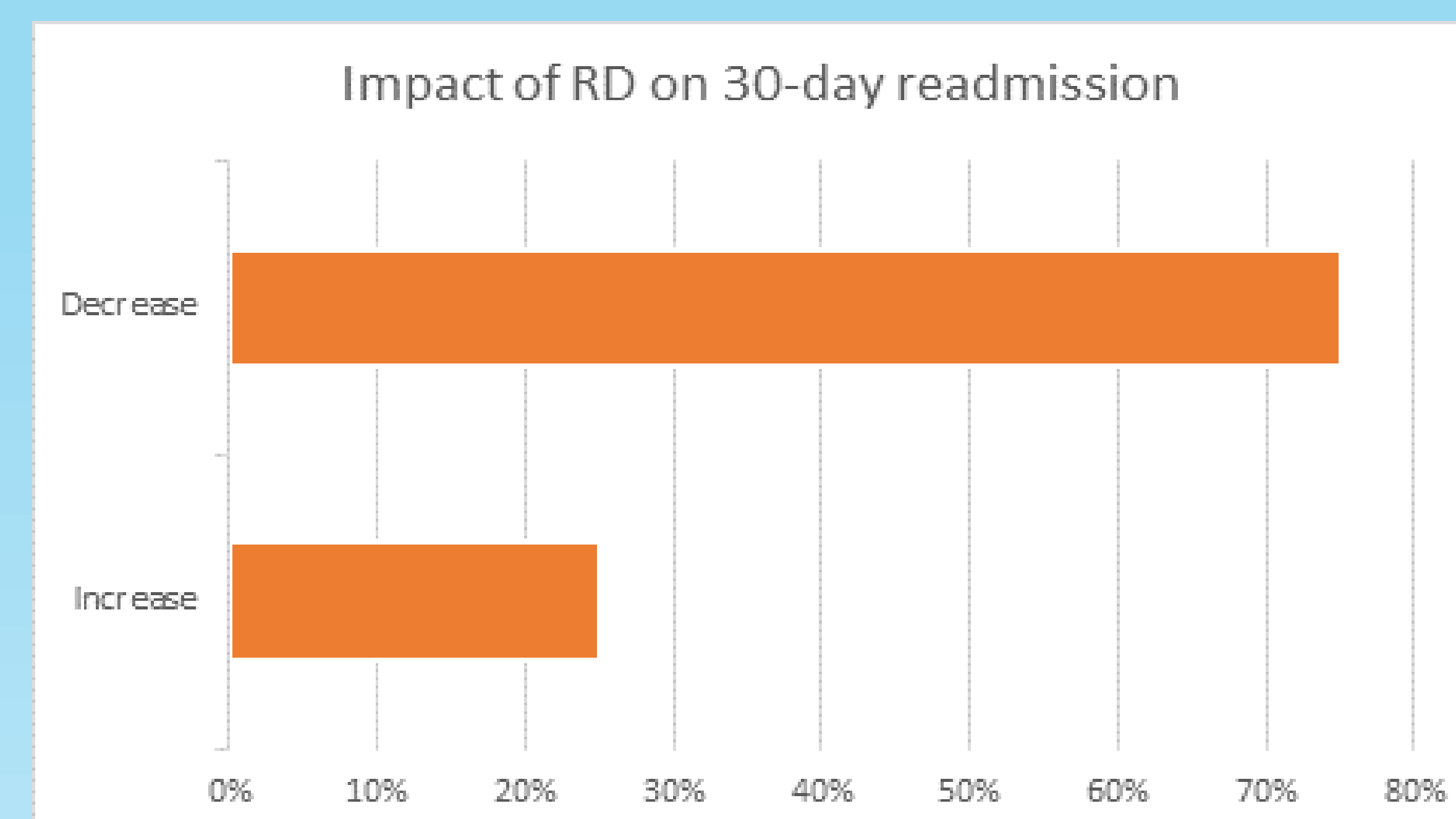
- Patients are seen in conjunction with their medical appointment, allowing for more consistency, making changes & new habits easier for patients to achieve.

### Results - Data Driving Practice Change



Preliminary outcomes from the first year of this program demonstrate promising improvements:

- The proportion of patients meeting healing milestones increased
- Readmissions to the hospital reduced
- Patient-reported outcomes reflected enhanced understanding of nutrition's role in healing and perceived better overall care
- Providers reported improved workflow efficiencies and enhanced clinical decision-making through earlier recognition of nutrition barriers.



### Challenges - Limitations

- Challenges to this practice innovation include:
- patient hesitation to actually engage in dietary changes
  - need for consistent follow-up and managing the case load
  - Continuing to prove the benefit of a role without major revenue generation
  - Current nutritional guidelines for wound healing are broad and not individualized as there have been limited high-quality studies

### Implications for Practice

This practice innovation highlights the value of embedding nutrition expertise into standard wound care as a **proactive strategy** rather than a late referral. Continued data collection and outcome monitoring will strengthen the evidence for scalable integration of RDs in wound clinics to drive better healing results and holistic patient care. We have shown that eliminating the access barrier has improved overall patient compliance and **engagement** in their care. It has also improved overall **patient satisfaction** with their visit; the wait to see the doctor seems to be eliminated since they are filling that time with a visit with the RD.

### References

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